

# Lead Update

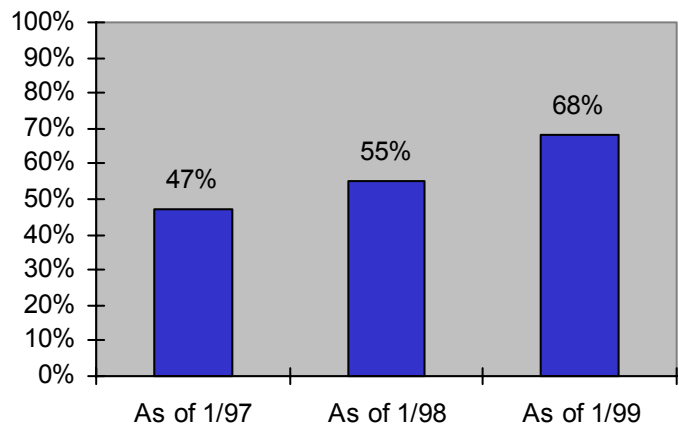
May 2000

## Lead Poisoning Prevention Month

*May 2000*

Our second year celebrating Lead Poisoning Prevention Month is about to start with significant community participation in statewide education and health promotion activities. Our education and health promotion efforts seek to increase the number of young children tested for lead and reduce the relationship of 1 out of 11 children with an elevated blood lead level ( $\geq 10\mu\text{g/dl}$ ). This year's program includes partnerships with hardware stores, agencies organizing workshops and a good combination of media appearances to disseminate the prevention message in our communities. Visit our web site for a complete calendar of events.

## Improving the lead levels of lead-poisoned children ages 0-36 months



★ To measure progress in improving the health of lead poisoned children, we can look at the percentage of children who have ever had lead poisoning (20 ug/dl or higher) who now have lead levels below 15 ug/dl.

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### Childhood Lead Poisoning Prevention Program Contacts

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★ In Rhode Island children 0-36 months of age with a history of lead-poisoning, this percentage has been increasing, rising from 47% as of January 1, 1997 to 68% as of January 1, 1999

To assess how well the program is doing in the areas of screening and health education, the Childhood Lead Poisoning Prevention Program conducted a door-to-door community assessment targeting hard-to-reach population, that was:

- Tailored to meet ongoing client and program information needs
- Conducted following the Rhode Island Lead Poisoning Prevention Month in May, during Summer of 1999.
- Staffed by a "team" from each community composed of one parent and one college student.

The participation was based on census tract list representative of economically depressed areas of five core Rhode Island cities (Central Falls, East Providence, Pawtucket, Providence and Woonsocket).

### **The Goal**

- To increase the level of awareness of lead poisoning dangers, and services provided by the Lead Program.
- To determine the status of lead prevention in the selected communities
- To have a better knowledge of the target communities / population profile.

### **Program Components**

#### **Education**

One-on-one peer education sessions with use of incentives (sippy cups and magnets with the 1-800 number).

#### **Outreach**

Distribution of brochures from other programs within the Division of Family Health such as WIC and Immunization.

#### **Screening & Referral**

At each home visit the team assessed if the children living in the home had been screened for

lead and when needed gave parents a "voucher" to take their children for screening.

#### **Community Assessment Survey**

Objective: to characterize the demographic and social make-up of the target communities.

#### **Program Evaluation**

- Are we providing the community with the information they need, in a culturally and sensitive way, so they can relate to it and make sense of it?
- Is the target population using available services?
- What has been the impact of educational messages (from campaign and non-campaign modalities) in the levels of awareness, knowledge and attitudes/behavior?

#### **Follow-up**

To assess the effectiveness of the educational component follow-up telephone surveys were conducted by the Parent Consultant during the months of December 1999 and January 2000.

### **Findings**

#### **Access to Health**

- 90% of respondents have some kind of insurance coverage.
- 97% of children has insurance coverage.
- 97% of children has a regular doctor

#### **Lead Screening**

- 72% of families with children under six stated that all children had been screened
- 13% stated that none of the children had been screened

#### **Lead awareness**

- 77% of respondents haven't heard about the Family Health Information Line
- 80% of respondents were aware of Lead Problem in Rhode Island

#### **Lead Knowledge**

- 79% of respondents knew that lead poisoning is preventable
- 85% of respondents knew where to go to have children tested
- 72% knew where to go for help if confronted with a lead poisoned child.

## **NEWS for Pediatricians and Primary Care P**

# **NEWS for Pediatricians and Primary Care Providers**

## **RI's Lead Screening Guidelines is under review. Your input is important!**

The existent Lead Screening Guidelines are currently under review. Primary care providers and others involved in serving young children and in the health care arena are invited to give us feedback on this document, which, once finalized, will constitute the backbone of the state's screening plan. Copies of the draft document can be found by calling 222-5921 or visiting our web page, at [www.health.state.ri.us/family/lead/leadhome.htm](http://www.health.state.ri.us/family/lead/leadhome.htm), clicking on "Information to providers" and selecting the "Draft Screening Guidelines."

## **Quality Improvement in collaboration with Managed Care Organizations**

Meetings between the Director of HEALTH and representatives of the state's Managed Care Organizations in the Fall of 1999 led to a genuine collaboration of both parties in the formulation of Quality Assurance/Quality Improvement strategies for children's health issues. Under this umbrella, lead poisoning is the first issue for discussion on the table.

## **KIDS NET systematic reporting of children "never screened"**

Providers connected and inputting immunization data in the KIDS NET system will soon receive a list of their 15-month or older enrolled patients with no evidence of a lead-screening test. Starting next month, reports will be generated monthly on an ongoing basis and sent directly to pediatric practices.

## **Pediatricians office outreach**

Last year, if your practice was located in Providence, Pawtucket, Central Falls, East Providence, Cranston, Johnson, Woonsocket, Warwick, West Warwick or Newport, we visited you and offered you posters and promotional items. This year, pediatricians practices in all other cities and towns will receive a courtesy visit from the Lead Program's staff during May 2000, as part of "Lead Month."

## **Extended area covered by VNA of Care New England**

VNS Home Care has chosen not to renew their Home Visiting contract as of April 1, 2000. Starting this date, VNA of Care New England will add to its regions the area formerly served by VNS Home Care, which includes the cities of: Exeter, North Kingstown, Jamestown, Hopkinton, Richmond, South Kingstown, Narragansett, Westerly, Charlestown, and New Shoreham. VNA of Care New England will offer lead education home visits to significantly lead poisoned children (confirmed lead levels of 20 µg/dl) in this area. In addition, they will continue to offer preventive lead education home visits to all Rhode Island children with moderately elevated lead levels (venous tests of 15 to 19 µg/dl with no prior test above 14 µg/dl), as it has been doing since March of 1999.

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